

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 163

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial)

A. Alston McCaslin

Mailing Address 5901 Abercorn St

City

Savannah

State

GA

Zip Code

31405-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Runoff2014

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2014

Transaction ID : A0422082E7C334B64B56

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. M M Finn

Mailing Address 739 45th St

City

Savannah

State

GA

Zip Code

31405-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
D.O.

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Runoff2014

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2014

Transaction ID : A038F7BF9ECED4F10884

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Jarman

Mailing Address 7 Marsh Haven Lane

City

Savannah

State

GA

Zip Code

31411-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia AssociatesOccupation
Anesthesiologist

Receipt For: 2014

☐ Primary☐ General☒ Other (specify)

Runoff2014

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2014

Transaction ID : AE0F99A2DB170467B8EB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00